

Re: GREED Drives Pharma

Source: <http://sci.tech-archive.net/Archive/sci.med.nutrition/2004-06/0363.html>

From: GMCarter (*fiar_at_verizon.net*)

Date: 06/27/04

Date: Sun, 27 Jun 2004 11:13:40 GMT

On Sat, 26 Jun 2004 12:09:39 -0700, "Robert" <Robert@hotmail.com> wrote:

snip...

>>

>> *It depends on the condition so in some cases there are NOT other treatments. Schistosomiasis, leishmaniasis. Then there are also issues of multidrug resistance that render chloroquine for malaria obsolete in many places or many first- and second-line tuberculosis drugs useless.*

>

>*These conditons have been around for hundreds of years and many drugs are being used that are non patented. Pick up a book on medicine and see the meds for those.*

What are you babbling about? Drugs for modern infectious diseases have a history of about 100 years. New research into these diseases is virtually nil and the extant therapies of little efficacy. They simply do not study these diseases because they don't affect their primary markets where they make money. Ergo, greed is bad because it leaves hundreds of millions of people in the lurch.

>*These are parasities with cultural and economic issues and not just treatment of disease. You need to treat the water and deal with the mode of transmission.*

There's that, too! And again, greed has played a horrific role in using impoverished countries to extract resources.

>*As I have mentioned multi-drug resistance is because of non compliance and again a cultural issue you need to deal with first.*

Not entirely an issue of failed adherence!! The original DOTS program from WHO, based on old data, presumed people with clinical failure were not taking meds and had some resistance. So a single drug was added...but this just caused MORE resistance. Eventually, they admitted the mistake. (DOT is directly observed therapy.)

>Newer drugs are MORE toxic because the safety issues haven't been worked out
>yet and that impacts on compliance.

This is inaccurate. New drugs MAY be more dangerous. Safety issues—one starts looking at them in Phase I studies. Problem is you may miss stuff that is only seen when thousands are treated in the post-marketing phase IV studies.

>They won't take the drugs if they make
>them sick. Why in the world do you think they develop resistance in the
>first place and giving them newer drugs does not change the cycle but makes
>it worse.

Actually, in the case of TB, some of the older, off-patent second-line drugs were MORE toxic and had worse side effects. Now that they use DOTS-Plus programs to correct the earlier problems, resistance has been diminishing.

Just because there is a problem doesn't mean you throw up your hands and say let all these people suffer and die. There ARE solutions to help people survive and thrive.

>>
>> What you describe below, however, is true for SOME conditions that
>> various "me-too" drugs exist. However, very often many or most of them
>> are ON patent and more costly.
>
>You are too afixed to first world medicine and think you can take everything
>to the third world and use it identically in the same way. You ignore the
>entire society that it will be used in.

How would you possibly know anything about what I know of the third world? Where have I ever suggested that the same solutions apply equally everywhere?

One thing I do know, though, is that people are more than capable of adhering to medications and doing well. Indeed, there are data that support this contention!

>The living standards in the first world is different allowing monies to be
>spent more on disease treatment. In the third world those monies are spent
>on the living conditions in an effort to prevent disease.

Darling, I suggest, gently, you have no idea what your speaking about.

There are the rich people and the poor people. Sanitation is needed EVERYWHERE. Where it exists, it must be maintained. Where it doesn't, it needs to be developed. Prevention and improving living conditions needs to be undertaken EVERYWHERE. From the South Bronx to Swaziland.

Ditto treatment. Costs of treatment need NOT be that high. And indeed, the cost–benefit of treatment of diseases is not only a moral imperative but an economic one—one that in the case of AIDS is linked with global stability. See the CIA report on that topic.

>>

>> >It's

>> >like the new blood pressure drugs. New ones are being brought into market >or

>> >the statin drugs as new ones are being brought in. I should know. I was >put

>> >on a statin that I could not tolerate so I was put on Bycol. Baycol was

>> >taken off the market by the FDA for complications associated with it so I

>> >was put on another new drug Altocor. Compared to Lipitor, Altocor is much

>> >more expensive. One has a \$5 copay and the other has a \$35 dollar copay.

>> >It is extremely rare that a new drug is put into market that their is no

>> >other drug already being used for that disease especially one in which

>> >involves many people which draws the drug industry attention.

>>

>> >In the United States market for some diseases this is true. Others, it

>> >may be problematic. Histoplasmosis. Cancer treatments. Etc. And

>> >sometimes the patented drug is THE drug a person needs and no generic

>> >is available.

>

>> >There are drugs for histoplasmosis and cancer that are not patented.

Let's hear about them! Please do enlighten me and disperse my ignorance!

> >The HIV

>> >drugs are new because of the money incentives generated by HIV treatment

>> >meds. Without those incentives then those drugs would not have been

>> >developed.

Bullshit. The first line of drugs (nucleoside analogs) were developed at the National Institutes of Health with public funding. The motivation, the incentive was to stem the tide of an epidemic. Was to help people survive a horrible disease.

I'm not saying there is anything wrong with want to earn a decent living! That's perfectly reasonable. What is unreasonable is when companies not only charge huge amounts but BLOCK access to generic meds in developing nations to preserve those profits with the result that millions suffer and die. That is genocide.

>> >snip

>>

>> >Experimental drugs should NOT be paid for. People are offering their

>> >lives in these experiments and taking huge risks. My brother had lung

>> >cancer and they tried an experimental drug. It failed. He died.

>

*>Just because they put it in the market does not mean it is safe nor
>experimental. Many drug companies can cheat on the drug profile or safety
>records in order to bring it to market and only be found out through
>millions taking the drug.*

Well, if it is approved for use in the United States, it is no longer "experimental." Please learn a bit about drug development. However, I do agree with your latter statement that the companies hide negative data, whether about adverse events, toxicity or efficacy. This is criminal. On the other hand, even those committed to due diligence wind up having unpleasant shocks with adverse events just arising from the statistical nature...phases I, II and III may comprise a few hundred or a few thousand people. If there is an event rate of 1–2% for potentially lethal adverse events, you may not really see a problem until hundreds of thousands or millions of people are treated. That is NOT a defense of the first case where they hide that info—and indeed, it can be an indictment for when companies who promise to do phase IV post–marketing studies as a condition of FDA approval fail to ever do so.

*>> >As far as AIDS you have people who are paying more money to have sex
>without*

>> >condoms. I saw that program on AIDS in India.

>>

*>> Yes, some people are very foolish and they take advantage of others
>> who are often in sex work because it is the only way they can earn an
>> income. They take advantage of their vulnerability because society
>> condemns the activity while many engage in it. If sex work were
>> legalized and unionized, they'd have more clout in dealing with
>> customers who want to behave stupidly.*

>

>You ignore the culture issue that it feels better without a condom.

Hardly a "culture" issue. More of just a human issue. Latex or plastic condoms aren't so bad.

>You need

*>to change or end transmission first as it is most cost effective to do that
>first with the limited money that government has.*

Ah, the U.S. government has PLENTY of money to do BOTH prevention and treatment. On a GLOBAL scale—and even more so when you throw in some money from the EU, Japan, Australia...In the US, though, all those efforts are stymied by "abstinence only" approaches that prevent discussion of sexual activity, condom use, etc. So they throw gasoline on the pandemic with their lies and deceit. Par for the course.

>People who do not feel

>sick do not think they have HIV. They think that only dirty people get that.

*>Half of all the prostitutes in India have HIV and people are still paying
>more money to have sex without a condom.*

Ah—the stats are that about 50% in Mumbai (Bombay) have HIV. In places like Calcutta where the Sonagachi group has done a LOT of work, the incidence and prevalence among sex workers have dropped DRAMATICALLY.

Prevention is a PART of the puzzle, I agree utterly and wholeheartedly. Needle exchange programs and drug treatment also help in places from the Loisaia Manhattan to Manipur, India.

>> *>Some people don't even believe that it is caused by a virus like TC who
>> >posts here. The side affects of drugs are so bad that it can make one
>sick
>> >as I should know as I was put on it for one month post exposure. Those
>> >people would not stay on something so toxic.
>>
>> Darling, I work in HIV/AIDS. I have lost MANY friends to AIDS. HIV
>> exists and causes AIDS. The drugs DO have many toxicities and we need
>> better treatments. But they ALSO have helped keep many of my friends
>> alive and do so to this day.
>In the first world yes and as I have said it encourages people to be cynical
>in that most feel they will get HIV and have ignored the old safe routines.
>I saw in the news that one guy was filling criminal complaint on another man
>who went on a cruise ship vacation together. The one man was HIV taking meds
>but lied to his partner about him having HIV. The other guy discovered the
>drugs and found out the truth and then tested positive himself several
>months later.*

Yes. People do lie. This underscores the need for people engaged in sexual activity to protect themselves and their partners. Disclosure is a difficult thing to do. We live in a world of such great stigma and discrimination...that is a disease needing treatment.

Anyway this is all interesting, but again it ALL underscores that Greed is not good. it is bad. duh.

>>
>> *The fact that MANY other friends I have in developing nations cannot
>> access them and die needlessly is a despicable crime against humanity.
>
>Many people die of many conditions that could be treated effectively here in
>the US. No MRI or CT or trauma care or intensive care. That goes all the way
>down the line. Mothers die in child-birth. Lack of blood transfusions. You
>are talking apples and oranges.*

No, I'm talking people I love. And yes, you are correct about the US because 43 million of us lack insurance and many millions more are inadequately insured. Greed again has reared its ugly head, and Congress, handily bought by hundreds of lobbyists from pharma and insurance industry have failed to develop a comprehensive single payer health care system. Thus, yes—people do die here needlessly.

The difference in developing countries is the alarming RATE at which people die, very often from very readily treated problems.

snip...

>> *So millions should die because some part of the population, any populaton, may practice unsafe sex?? This is nonsense. And I happen to be gay. I know LOTS of people who practice safer sex and/or abstinence. I know MOST people are doing so. Indeed, there are some who do not but that is not a justification for actively preventing access to care and treatment.*

>

>*In the third world it is not limited to gays so I am talking about cultural issues that ARE PREVALENT as is the spread of the disease. To say that only a few practice unsafe sex would result in only a few getting HIV. That is not the case as many millions in the third world do not practice safe sex.*

Often do to lack of access to condoms, information about their use, more frank discussion about sex and lack of water-based lubricant. Also, in many cultures, due to the dismal way women are treated. The issues are indeed diverse and manifold.

snip

>> *I would argue that you are the one who began this interesting thread with the pernicious notion that greed is good. I think you are doing a fine job making the case for why it most certainly is not!*

>

>*Greed as an incentive for drug companies is good. Giving money to someone for nothing is unfruitful and only causes one to want more free money. Give a person a fish and he eats for one day etc.....*

LOL. I figured at the end of this all you would smugly sit back and say this kind of shit. Hey, lots of people know how to fish. But greed causes corporations to spew so much mercury into the air, the fish are contaminated.

Your second sentence just reveals your undiminished capacity for ignorance about what it is to be poor. It also smacks of the Himmler style approach of equating poor people with being lazy, indifferent sponges that just want to suck at the teat of public largesse—put dem niggaz back to work!

Well, darling, the reality of course is MUCH different. Whether you're talking poverty in the US (and of course that afflicts people of color disproportionately because the US is still DEEPLY racist but also affects whites) or in Haiti.

Indeed—look at Cuba and look at Haiti. What greed and colonialism has done to the latter is so vile it is breathtaking.

But hey—you sit back, relax, don't worry. You can spout your aphorisms about greed all you like—but all you have said has only

sci.med.nutrition: Re: GREED Drives Pharma

served to show the outrageously deleterious consequences of greed.

George M. Carter

>>

>